

Exhibit A

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

PUBLIC HEALTH DEPARTMENT

3052023294082

CERTIFICATE OF DEATH

3202342003536

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CONNOR		2. MIDDLE JEFFREY		3. LAST (Family) AMADOR	
4. DATE OF BIRTH mm/dd/yyyy 07/26/2003		5. AGE Yrs. 20		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP* (at Time of Death) NEVER MARRIED		7. DATE OF DEATH mm/dd/yyyy 12/29/2023		8. HOUR (24 Hours) 0133	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED NEVER WORKED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) -		19. YEARS IN OCCUPATION -	
20. DECEDENT'S RESIDENCE (Street and number, or location) 208 SOMERSET PLACE					
21. CITY LOMPOC		22. COUNTY/PROVINCE SANTA BARBARA		23. ZIP CODE 93436	
24. YEARS IN COUNTY 2		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MATTHEW C. VANDERZANDAN, BROTHER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2471 WILMAR AVE., OCEANO, CA 93445			
28. NAME OF SURVIVING SPOUSE/SDP* - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST JEFFREY		32. MIDDLE L		33. LAST AMADOR	
34. BIRTH STATE CT		35. NAME OF MOTHER/PARENT - FIRST VERONICA		36. MIDDLE RUTH	
37. LAST (BIRTH NAME) SMALE		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 01/15/2024		40. PLACE OF FINAL DISPOSITION ARROYO GRANDE CEMETERY 895 EL CAMINO REAL, ARROYO GRANDE, CA 93420			
41. TYPE OF DISPOSITION(S) CREMATE/BURIAL		42. SIGNATURE OF EMBALMER KAILEE S VITELLI		43. LICENSE NUMBER EMB9257	
44. NAME OF FUNERAL ESTABLISHMENT MARSHALL-SPOO SUNSET FUNERAL CHAPEL		45. LICENSE NUMBER FD985		46. SIGNATURE OF LOCAL REGISTRAR HENNING ANSORG, MD	
47. DATE mm/dd/yyyy 01/11/2024					
101. PLACE OF DEATH GAS STATION		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY SANTA BARBARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1421 E. OCEAN AVE.		106. CITY LOMPOC	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) PENDING INVESTIGATION (C) 1 of 2 (D) 1 of 2 (E) 1 of 2		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 23-12317 (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (DT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER JAMES M DUNCAN		127. DATE mm/dd/yyyy 01/10/2024		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JAMES M DUNCAN, DEP CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

} SS

FEB 16 2024

DATE ISSUED

* 000648607 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

HENNING ANSORG, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIAThis copy not valid unless prepared on engraved border displaying the date, seal and signature of the Health Officer.
PUNCO (Rev) 10/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE